STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345373	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OCEAN TRAIL HEALTHCARE & REHAB CENTER	**630 FODALE AVENUE** **SOUTHPORT, NC 28461**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed with administration. Stories: 1 Construction Type II (222) Constructed: 2/10/1965 Fully Sprinkled - Yes At time of survey the: Certified Beds: Medicare/Medicaid - 99 Census - 64 The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:	K 000		
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 4, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The illumination of means of egress including exit discharge from the 400 hall by activity office	K 045	Standard Disclaimer: This plan of correction is provided as a necessary requirement for continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to the validity of the alleged deficient practice(s).	3/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/13/2015

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K 045	Continued From page 1 to the public way (parking lot) was incomplete. Additional emergency lighting on the discharge path, walking surface to the public way is needed. The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4. This deficiency affected one of approximately 6 discharge exits. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 045	K045 To correct the alleged deficient practice, additional lighting will be installed to illuminate the exit discharge from the 400 Hall to the public way (parking lot). To identify other life safety issues having the potential to affect residents by the same alleged deficient practice, our Maintenance department will visually inspect the lighting at all of our exits to assure that sufficient lighting is in place. In order to ensure that the alleged deficient practice does not recur, inspection of lighting at all areas of egress including exit discharge will be added to our maintenance rounds. This corrective action will be monitored by the facility's Safety Committee and QA Committee on a monthly basis. These inspection results will become part of the written minutes monthly for the next three months and quarterly thereafter. Completion Date: March 20, 2015	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1	K 047		3/18/15

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K 047	Continued From page 2 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 4, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) The exit signage was non-compliant, specific findings include; From standing inside the courtyard there were no exit directional signage at any exit door from the courtyard. NFPA 101 19.2.10.1 NFPA 101, 7.10 This deficiency affected the courtyard only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 047	Standard Disclaimer: This plan of correction is provided as a necessary requirement for continued participation in the Medicare and Medicaid program(s)and does not, in any manner, constitute an admission to the validity of the alleged deficient practice(s). K047 In order to correct the alleged deficient practice, exit signs will be installed to designate exit doors from inside the courtyard. To identify other life safety issues having the potential to affect residents by the same alleged deficient practice, our Maintenance Department will inspect all points of exit to assure that no other exits are affected. In order to ensure that this alleged deficient practice does not recur, inspection of all exit directional signing will be conducted on a monthly basis. To monitor this corrective action, this procedure and the results of the inspections will be reviewed and discussed at both our monthly Safety Committee and Quality Assurance meetings and become part of the written minutes of those meetings for the next three months and then quarterly thereafter.	

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K 062	Continued From page 3	K 062		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on February 4, 2015 at approximately 8:00 AM onward, the following deficiencies were noted: 1) In the kitchen storage room accessible from outside the kitchen and the outside canopy have sprinkler heads rated for Intermediate Temperature Classification, Glass Bulb Color of Green temperature rating of (200°F) in place of Ordinary Temperature Classification, Glass Bulb Color of Red temperature rating of (155°F). 2) The sprinkler heads located in resident room 408 bath and resident room 404 and 612 are corroded and maintained in good condition. 3) The sprinkler heads located in 400 and 600 hall have lint and dust on the temperature sensitive glass bulb. Lint and dust on the glass sensitive bulb can affect the temperature at which the device will activate. NFPA 101, 4.6.12.1. This deficiency affects the entire building. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	K062 Standard Disclaimer This plan of correction is provided as a necessary requirement for continued participation in the Medicare and Medicaid program(s) and does not, in any manner, constitute an admission to validity to the alleged deficient practice(s) The green glass bulb sprinklers rated at 200 degrees F will be replaced by the red glad bulb sprinklers rated at 155 degrees F. This will be accomplished in both the storage room located outside the kitchen as well as under the outside canopy. The sprinkler heads located in room#408 bath,resident room #404,and resident room #612 will be replaced. Sprinkler heads located in the rooms on the 400 and 600 halls will be cleaned and dusted. To identify other life safety issues having the potential to affect residents by the	2/18/15

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K 062	Continued From page 4	K 062	same alleged deficient practices, the following corrective actions will be taken: The Maintenance staff will inspect all sprinkler heads in the facility to ascertain whether sprinkler heads are dusty, corroded, or in need of replacement due to their temperature rating or condition. Any sprinkler heads in need of replacement due to their condition will be replaced. Dust and lint will be removed as part of the housekeeping process. To ensure that the alleged deficient practice does not recur, the sprinkler head inspections will be added to the routine preventative maintenance rounds. To monitor compliance, the results of these rounds will be reviewed by the Safety and QA Committees and will be documented in the written minutes of those meetings monthly for the next three months and quarterly thereafter.	